

**Agency Report of:
Public Official Appointments**

A Public Document

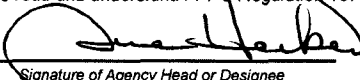
1. Agency Name		California Form 806 For Official Use Only
City of Torrance		
Division, Department, or Region (If Applicable)		
N/A		
Designated Agency Contact (Name, Title)		Date Posted: 01-08-2014 (Month, Day, Year)
Sue Herbers, City Clerk		
Area Code/Phone Number (310) 618-2870	E-mail	
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2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Sanitation Districts of Los Angeles County	▶ Name <u>Scotto, Frank</u> (Last, First) Alternate, if any <u>Ashcraft, Heidi</u> (Last, First)	▶ <u>01 / 08 / 14</u> Appt Date ▶ <u>until replaced</u> Length of Term	▶ Per Meeting: \$ <u>187.00</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Southern CA Association of Governments	▶ Name <u>Scotto, Frank</u> (Last, First) Alternate, if any <u>Brewer, Tom</u> (Last, First)	▶ <u>08 / 14 / 13</u> Appt Date ▶ <u>until replaced</u> Length of Term	▶ Per Meeting: \$ <u>120.00</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
West Vector control District of LA County	▶ Name <u>Furey, Pat</u> (Last, First) Alternate, if any <u>None</u> (Last, First)	▶ <u>01 / 01 / 13</u> Appt Date ▶ <u>2 years</u> Length of Term	▶ Per Meeting: \$ <u>100.00</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
	▶ Name _____ (Last, First) Alternate, if any _____ (Last, First)	▶ ____ / ____ / ____ Appt Date ▶ _____ Length of Term	▶ Per Meeting: \$ _____ ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other

3. Verification

I have read and understand FPPC Regulation 18705.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

	<u>Sue Herbers</u>	<u>City Clerk</u>	<u>01/08/2014</u>
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____